

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743137

Entity Name: THE DOWLING PARK APARTMENTS, INC.**Current Principal Place of Business:**C/O ADVENT CHRISTIAN VILLAGE
10680 DOWLING PARK DRIVE
LIVE OAK, FL 32060**Current Mailing Address:**ADVENT CHRISTIAN VILLAGE
P.O. BOX 4307
DOWLING PARK, FL 32064 US**FEI Number:** 59-1836597**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PAGE, ERNIE
170 SW PINCKNEY ST
MADISON, FL 32340 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ERNIE PAGE

04/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO
Name CARTER, CRAIG
Address 10081 COUNTY ROAD 136
City-State-Zip: LIVE OAK FL 32060

Title VP, CFO, TREASURER
Name HETT, STEVEN
Address 22727 104TH STREET
City-State-Zip: LIVE OAK FL 32060

Title S, VP
Name HILLIARD, KERI
Address 10233 229TH LANE
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR
Name CHURCHILL, DON
Address 3003 TRILLIUM CT E
City-State-Zip: AURORA IL 60506

Title CHAIRMAN, DIRECTOR
Name FENLASON, JOHN
Address 8451 135TH AVENUE SE
City-State-Zip: NEWCASTLE WA 98059

Title DIRECTOR
Name BUSH, KERRY
Address 105 WESTPARK DR
 STE 150
City-State-Zip: BRENTWOOD TN 37027-1012

Title DIRECTOR
Name DEAN, DWIGHT
Address 496 ASH DRIVE
City-State-Zip: WINDSOR LOCKS CT 06096

Title DIRECTOR
Name NICKERSON, W.C.
Address 10439 COUNTY ROAD 136
City-State-Zip: LIVE OAK FL 32060

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG CARTER

PRESIDENT/CEO

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROSS, STEVE
Address 139 S LAKE AVENUE
City-State-Zip: ALBANY NY 12208

Title DIRECTOR
Name LEE, JIM
Address 10 MOUNTAIN VIEW ST., SW
City-State-Zip: LENOIR NC 28645

Title VC, DIRECTOR
Name CHAMBERS, ROLLY
Address 5053 SHARON WOODS LN
City-State-Zip: CHARLOTTE NC 28210

Title ASST. SECRETARY
Name CRAWFORD, MARY
Address 11504 COUNTY ROAD 252
City-State-Zip: MCALPIN FL 32062

Title DIRECTOR
Name POOLE, RONNIE
Address 127 HOWARD STREET, E
City-State-Zip: LIVE OAK FL 32064